

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

6 OCT 2006

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
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16		/				
17		/				
18		/				
19		/				
20		/				
21		(1)				
22		(1)				
23		(1)				
24		(1)				
25		/				
26	/					
27		/				
28		/				
29		/				
30		/				
31	0					
32		/				
33		/				
34		/				
35		/				
36	/					
37	/					
38	/					
39	0					
40		/				
41		/				
42		/				
43		/				
44		(1)				
45		(1)				
46		/				
47		/				
48		0				
49		/				
50	0					
TOTAL NO.	11					
TOTAL DEP.	53					
TOTAL IND.	03					

CLAIMS		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51			0				
52			1				
53			1				
54			1				
55			1				
56			0				
57			0				
58		1					
59			1				
60		1					
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							